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Bib Data Sheet

CONFIRMATION NO. 5912

SERIAL NUMBER 10/007,620	FILING OR 371(c) DATE 12/05/2001 RULE	CLASS 715	GROUP ART UNIT 2179	ATTORNEY DOCKET NO. 1517.005
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**** CONTINUING DATA *******
 This appln claims benefit of 60/257,970 12/22/2000

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 01/07/2002**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY WI	SHEETS DRAWING 9	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 4
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ADDRESS
23598

TITLE
SYSTEM AND METHOD FOR A SEAMLESS USER INTERFACE FOR AN INTEGRATED ELECTRONIC HEALTH CARE INFORMATION SYSTEM

FILING FEE RECEIVED 1784	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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7-20-07